



INTERDENOMINATIONAL THEOLOGICAL CENTER

Office of the Registrar/Director of Admissions
700 Martin Luther King, Jr. Drive, Southwest
Atlanta, Georgia 30314-4143

Application for Admission

(DO NOT WRITE IN THIS SPACE)

Application _____ Fee _____

Autobiog. _____ Health Rep. _____

Demon. Endorse _____

Reference: 1) _____ 2) _____ 3) _____

College Avg. _____ Col. Type _____

Col. Code _____ Transcr. _____

Transf. Rec. _____ Dean Letter _____

Accepted [] Delayed [] Rejected []

Status _____ Photo _____

Registrar

I hereby apply for admission to the Interdenominational Theological Center for the _____ semester beginning _____, 19 _____, as an applicant for:

(Check One)

- [] Master of Divinity [] M.A. in Christian Education [] MACE and MACM [] Full-time
- [] M.A. in Church Music [] M.Div. and MACM [] M.Div. and MACE [] Part-time
- [] Transfer

My intended concentration: 1st Choice _____ 2nd Choice _____

1. SS # _____ 2. Name- Last _____ First _____ Middle _____ Phone () _____

3. Your permanent address: Number _____ Street/Route _____ Box Number _____

City _____ State _____ Zip Code _____ 4. County _____ 5. Country _____

6. Sex _____ 7. Race _____ 8. Religion _____ 9. Birth Mo/Day/Yr _____ 10. Birth Place _____ Citizenship Status _____

12. (Check One) _____ Name-Last _____ First _____ Middle _____

- [] G - Guardian
[] S - Spouse
[] P - Parent

Address (if different from yours) _____ Number _____ Street/Route _____ City _____ State _____

Father's Name - Last _____ First _____ Middle _____ Education _____ Occupation _____

Mother's Name- _____ Last _____ First _____ Middle _____ Education _____ Occupation _____

13. Your Current address: Number _____ Street/Route _____ Box/Number _____ Direction _____

City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

14. Marital Status: S _____ M _____ Sep _____ D _____ W _____ 15. Do You Plan to Live on Campus? Yes _____ No _____

16. Children: Names and Ages _____

17. List the college from which you graduated (or will graduate)

18. Degree Mo/Date/Yr

Name of College _____ City & State _____

19. List in chronological order other schools attended.

Seminary/University _____ City & State _____ Dates Attended/Degree _____

20. List Financing Plans: Savings \$ ____ Work \$ ____ Denom. Aid \$ ____ Scholar- \$ ____ Vet \$ ____

21. List your extracurricular activities: Leadership positions, honors, skills and/or interest (If more space is needed, attached extra sheet.)

22. Work Experience (remunerative): Position _____ From _____ To _____
Employer _____ Address _____

Position _____ From _____ To _____

Employer _____ Address _____

Position _____ From _____ To _____

Employer _____ Address _____

23. Religious Interest, Status and Activities:

1) Church Membership: Present Local Church _____

Full Name of Present Denomination _____

Other denomination to which you belonged? _____

2) Status In your Denomination: (Check One) a. Theological Inquirer _____ b. Layperson _____

c. Licensed _____ Date _____ Ordained _____ Date _____

3) Do You Wish to prepare for: (Check One) Parish Ministry _____ Christian Education Ministry _____

Institutional Ministry _____ Social Welfare Ministry _____ Missionary Service _____

Other _____

24. In what Congressional District have you voted: _____ Date _____

25. List relatives who attended Seminary:

NAME _____ RELATIONSHIP _____ SCHOOL _____

26. Contact in Case of Emergency:

NAME _____ ADDRESS _____ CITY/STATE _____ PHONE _____ RELATIONSHIP _____

INTERDENOMINATIONAL THEOLOGICAL CENTER

Instructions For Completing the Attached Forms.

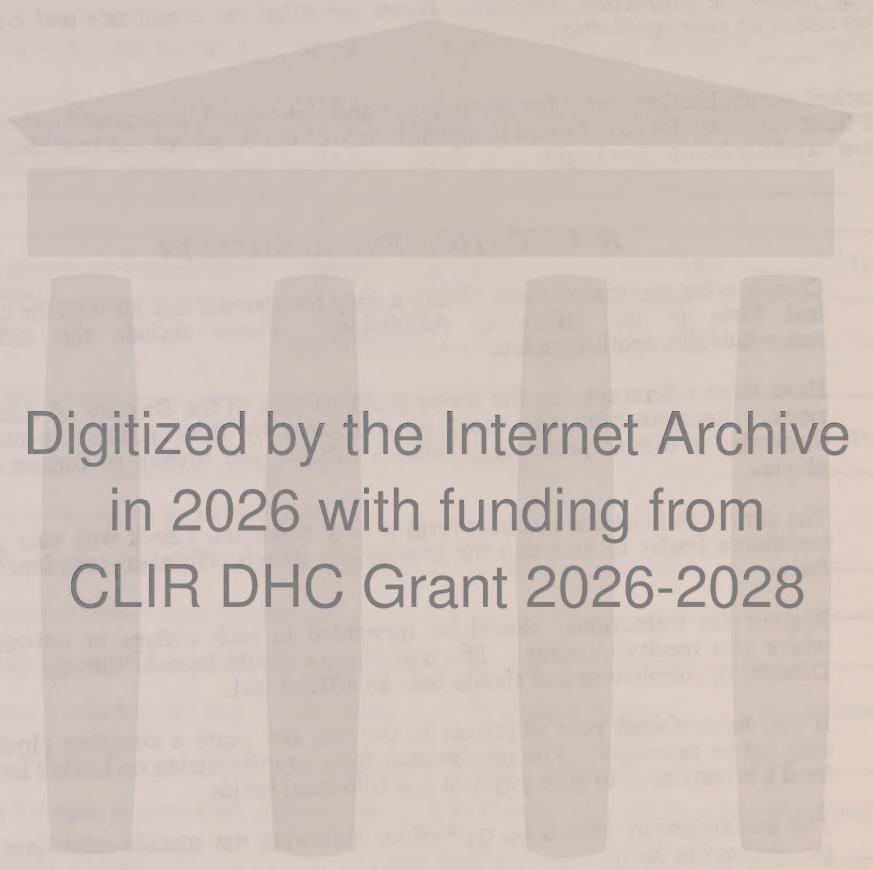
Please follow the instruction carefully. Forms not filled out completely and correctly will delay action on your application.

Attached are application forms for admission, transcript request, denominational endorsement and three reference forms. Before completing any of the forms, please read the instructions below carefully before you begin.

APPLICATION FOR ADMISSION

1. Complete the application form. Make a copy for yourself and forward the original form to the Office of Admission. Please include the \$25.00 non-refundable application fee.
2. Have three references, on the forms provided sent to the Director of Admissions. Recommendations should be completed by three different persons, Preferably a former professor, a church official, and current or former employer.
3. The denominational endorsement form is very important. Check with your pastor/church leader to ascertain the appropriate church official to complete this form.
4. Request for transcript(s) should be forwarded to each college or university where you received credits. The transcript(s) should be sent directly to the Director of Admissions and should bear an official seal.
5. If you have visited your physician in the past few years a complete physical may not be necessary. You may request from your physician on his/her letter-head a statement as to your physical and emotional health.
6. The autobiography should be typewritten following the specific guidelines on the application form.
7. Upon completing the application contact the Office of Financial Services at (404) 527-7724 to request an application for Financial Aid.
8. If you need on-campus housing, please contact your Denominational Dean or call (404) 527-7711 to receive an application.

It is the responsibility of the applicant to insure that all pertinent forms are received in the Office of Admissions on or before the designated deadline.



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REQUEST FOR COLLEGE RECORD

(The applicant for admission to Interdenominational Theological Center is asked to send this sheet to the Registrar of his/her college, filling in the spaces in Part I.)

I

Name: _____

To Registrar of _____
School _____

In connection with my correspondence with Interdenominational Theological Center, I request you to send them a transcript of my college record.

I also request you to supply the information called for below, and mail this sheet to: The Registrar, Interdenominational Theological Center, Atlanta, GA. 30314

Signed: _____ Address: _____

II

REGISTRAR'S REPORT

1. The transcript of record of student named above

_____ Is attached _____ Will be sent

_____ Cannot be sent because _____

2. Student named was graduated _____ with the degree _____

Date _____

Expects to be graduated _____ with the degree _____

Date _____

3. Cumulative Average _____ Point system (3) _____ or (4) _____

Hours earned: Semester _____ Quarter _____

4. Name of any intelligence test taken _____ Date taken _____

Score _____ Percentile ranking: National _____ Local _____

5. Name of any personality or aptitude test taken _____

Date _____ Score _____ Percentile ranking: National _____ Local _____

6. Comprehensive examinations, (G.R.E., etc.) name and results: _____

Date _____ Institution _____

Signed: _____ Title: _____

INTERDENOMINATIONAL THEOLOGICAL CENTER

Office of the Registrar/Director of Admissions

671 Beckwith Street, Southwest - Atlanta, Georgia 30314 - (404) 527-7707

Please send this form to a major official of your denomination (e.g.) bishop, president, or registrar of your annual conference, presbytery, or association and request him/her to complete and return it directly to the Registrar, Interdenominational Theological Center, 671 Beckwith Street, Southwest, Atlanta, Georgia 30314. (See Terms of Admission in the Catalog.)

DENOMINATIONAL ENDORSEMENT

This certifies that _____
of _____
an applicant for admission to the Interdenominational Theological Center is an acceptable candidate
for service in the _____
denomination. His/Her enrollment in the Interdenominational Theological Center is hereby approved.

Remarks:

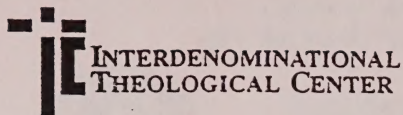
Signed _____

Official Position in the Denomination _____

Address _____

City _____ State _____ Zip Code _____

Date



INTERDENOMINATIONAL
THEOLOGICAL CENTER

OFFICE OF
ADMISSIONS/REGISTRAR

■
CONSTITUENT
SEMINARIES

GAMMON THEOLOGICAL
SEMINARY
UNITED METHODIST

CHARLES H. MASON
SEMINARY
CHURCH OF GOD IN CHRIST

MOREHOUSE SCHOOL
OF RELIGION
BAPTIST

PHILLIPS SCHOOL
OF THEOLOGY
CHRISTIAN METHODIST
EPISCOPAL

JOHNSON C. SMITH
SEMINARY
PRESBYTERIAN (USA)

TURNER THEOLOGICAL
SEMINARY
AFRICAN METHODIST
EPISCOPAL

ACCREDITED BY
ASSOCIATION OF
THEOLOGICAL SCHOOLS

SOUTHERN ASSOCIATION
OF COLLEGES
AND SCHOOLS

MEMBER

ATLANTA UNIVERSITY
CENTER, INC.

ATLANTA THEOLOGICAL
ASSOCIATION

UNITED NEGRO
COLLEGE FUND

UNIVERSITY CENTER
IN GEORGIA

TO: THE PHYSICIAN

RE: HEALTH STATEMENT FOR:

THE STATEMENT OF HEALTH IS REQUIRED ON THE
PHYSICIAN'S STATIONERY WITH YOUR SIGNATURE. THE
REPORT SHOULD STATE PHYSICAL, MENTAL AND
EMOTIONAL HEALTH, DISABILITIES AND HISTORY OF
COMMUNICABLE DISEASES. (*PLEASE DO NOT SEND A
LABORATORY REPORT.*)

MAIL STATEMENT OF HEALTH TO:

DIRECTORY OF ADMISSIONS
INTERDENOMINATIONAL THEOLOGICAL CENTER
700 MARTIN LUTHER KING, JR, DR, SW
ATLANTA, GEORGIA 30314-4143



Application for Admission

RECOMMENDATION FORM

This reply will be kept in confidence.

RE: _____

who has made application to this seminary. We request your candid appraisal of the applicant, information which will be useful in predicting this person's success in this seminary and in ministry.

How well do you know the applicant? ☐ Not at all ☐ Casually ☐ Rather well ☐ Very well

FOR APPLICANTS PASTOR ONLY REGARDING APPLICANT'S CHURCH INVOLVEMENT

☐ Seldom attends, shows little interest ☐ Regularly attends, little church involvement ☐ Cooperative, willing to help ☐ Enthusiastic Participant ☐ Away at College, can't tell

Under the traits of the following scale place a (-) to the left of the trait or a (+) to the right of the trait that best describes the applicant. If you cannot evaluate the person on a given trait, please check the box "cannot report."

RELIGIOUS LIFE	☐ Cannot report	Moderate religious interest	Vital and influential	Overzealous offensive
INTELLIGENCE	☐ Cannot report	Not fitted for graduate work	Average intelligence	Alex: with superior intelligence
PERSONAL APPEARANCE	☐ Cannot report	Observes minimum social customs	Attractive and socially acceptable	Preoccupied with personal appearance
COOPERATION	☐ Cannot report	Likes to be alone	Good in team work	Cannot work alone
JUDGEMENT	☐ Cannot report	Little sense of consequences	Average common sense	Judgement mature and sound
LEADERSHIP ABILITY	☐ Cannot report	No ability to lead	Some leadership ability	Leads group well inspires confidence
PHYSICAL	☐ Cannot reply	Constant physical difficulty	Vigorous	Health nut
WORK HABITS	☐ Cannot report	Does enough to pass	Meets required assignment	Goes beyond the required assignment
INITIATIVE	☐ Cannot report	Always needs to be told what to do	Initiates	Won't let anyone else initiate
RELATIONSHIP POPULARITY	☐ Cannot report	Avoided by others	Liked by others	Sought by others
COMPASSION SOCIAL CONCERNS	☐ Cannot report	Indifferent about others	Concerned for others	Do Gooder
COMMUNICATION	☐ Cannot report	Not able to communicate clearly	Usually clear and logical	Superior facility

Do you see anything that would keep this person from functioning effectively:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| as a pastor? | ☐ Yes | ☐ No |
| as a church related professional? | ☐ Yes | ☐ No |
| as a church worker? | ☐ Yes | ☐ No |

If "Yes", please comment. _____

The following is a list of perceptions taken directly from recommendations sent in by people like you (lay and clergy, academic and non-academic) in support of previous applicants. Check only the boxes before those statements which, in your opinion, describe this applicant. You may alter any statement by writing in any changes necessary to make it speak for you. Or you may wish to make additional comments in the space provided at the end of the list. Our purpose is to learn about the applicant's apparent strengths and weaknesses.

This applicant

- | | |
|---|--|
| ☐ 1. has welcoming personality. | ☐ 14. fails to put effort into a course or activity if she/he fails to see relevance. |
| ☐ 2. is unassumingly impressive. | ☐ 15. takes on more than she/he can handle. |
| ☐ 3. has good sense of humor-enjoys humor. | ☐ 16. moves slowly in changing his/her ideas. |
| ☐ 4. enjoys interaction with people. | ☐ 17. is self-centered. |
| ☐ 5. is in control of his/her own life. | ☐ 18. is anti-social |
| ☐ 6. is willing to serve people, particularly the poor and the lonely. | ☐ 19. acts as if he/she is emotionally disturbed. |
| ☐ 7. has a sense of mission. | ☐ 20. is moody. |
| ☐ 8. is the kind of person I would want for my own pastor or Christian worker. | ☐ 21. is a docile person, trying to make the world more docile. |
| ☐ 9. grasps ideas quickly and well. | ☐ 22. uses English as a blunt instrument. |
| ☐ 10. requires excellence of him/herself. | ☐ 23. has a saviour complex. |
| ☐ 11. holds strongly to carefully thought out position, but adjusts as necessary; is not inflexible. | ☐ 24. lets the unfairness of life get to him/her emotionally. |
| ☐ 12. easily misreads other people. | ☐ 25. reacts to many situations with emotion instead of with his/her head. |
| ☐ 13. is thinking about going into ministry because he/she can't find work anywhere else. | ☐ 26. is verbose. |

Additional information or comments (i.e. is there anything else you feel we should know about this applicant?)

Will ITC be able to teach/reach this person? ☐ Yes ☐ No ☐ I hope so.

Is this person capable of doing graduate work at the master's degree level? ☐ Yes ☐ No

I rate this candidate for admission to ITC

	Unable to judge at this time	Not fitted	Doubtful	Adequate	Very good	A rare find
1. for academic promise:	☐	☐	☐	☐	☐	☐
2. for character and personal promise as Christian leader:	☐	☐	☐	☐	☐	☐
3. overall recommendation:	☐	☐	☐	☐	☐	☐

Name _____

☐ Mr. ☐ Ms. ☐ Rev. ☐ Dr. ☐ Prof. ☐ _____

Address _____

Phone _____

Position/Title _____

Date _____ Signature _____

Would you like us to call you for a telephone conversation about this applicant? ☐ Yes ☐ No

Please return completed form directly to The Registrar/ Director of Admissions

Thank you.



Application for Admission

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COMMUNICATION	☐ Cannot report	Not able to communicate clearly	Usually clear and logical	Superior facility

Do you see anything that would keep this person from functioning effectively:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| as a pastor? | ☐ Yes | ☐ No |
| as a church related professional? | ☐ Yes | ☐ No |
| as a church worker? | ☐ Yes | ☐ No |

If "Yes", please comment. _____

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I rate this candidate for admission to ITC

- | | Unable to judge
at this time | Not
fitted | Doubtful | Adequate | Very
good | A rare
find |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. for academic promise: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. for character and personal promise
as Christian leader: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. overall recommendation: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Name

☐ Mr. ☐ Ms. ☐ Rev. ☐ Dr. ☐ Prof. ☐ _____

Address

_____ Phone _____

Position/Title

Date _____ Signature _____

Would you like us to call you for a telephone conversation about this applicant? ☐ Yes ☐ No

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as a church related professional? ☐ Yes ☐ No
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I rate this candidate for admission to ITC

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2. for character and personal promise as Christian leader:	☐	☐	☐	☐	☐	☐
3. overall recommendation:	☐	☐	☐	☐	☐	☐

Name _____

☐ Mr. ☐ Ms. ☐ Rev. ☐ Dr. ☐ Prof. ☐ _____

Address _____

Phone _____

Position/Title _____

Date _____ Signature _____

Would you like us to call you for a telephone conversation about this applicant? ☐ Yes ☐ No

Please return completed form directly to The Registrar/ Director of Admissions

Thank you.

27. Autobiography (Please Answer All Questions)

Relate in brief but reasonably full account of your life up to the present time. Include relationships to family and other significant persons. Tell of your own growth and development. Describe some major experience(s) that you feel is/are most important in your life: What happened? Who were involved? How did it/they turn out? Describe your religious background: If you have decided on Christian ministry, what was the process involved in your choice? What was the process involved in your decision to study in the ITC? If you have not decided on Christian ministry, what was the process involved in your decision to study in ITC? What are your plans beyond the seminary? (Use additional paper as necessary).

28. Health Condition: Physical Disability _____
 Special Needs _____
 Emotional Condition _____ Was Treatment Advised? _____ When? _____ Date _____
29. List three (3) persons for references who know you well in the following categories.

	NAME	RELATIONSHIP
Church	_____	_____
Education: Advisor/Teacher	_____	_____
Business or Employment Supervisor	_____	_____

30. Experience in Armed Forces:

Branch _____ Dates _____
 Veterans' benefit for education remaining (number of months) _____

AS PART OF THIS APPLICATION THE FOLLOWING DOCUMENTS ARE REQUIRED:

1. A \$25.00 fee is to accompany this application, (Non-refundable)
2. A small unmounted recent photograph is to be attached to this application.
3. Your autobiography in typewritten form according to guidelines given on page 3.
Use extra sheets if necessary.
4. An endorsement from a major official in your denomination. Send directly to this office. (Form Enclosed)
5. Official transcripts of all college, university, graduate and seminary work. Applicant must request each institution to send transcripts directly to the Office of Admissions. (Form Enclosed)
6. Health report from your physician. (Form Enclosed)
7. Three confidential references, sent by the persons listed in #29, to the Director of Admissions, (Do not use relatives or ITC Deans). Use the enclosed forms, put your name and address at the "RE" space.
8. Transfer applicants must have letter of good standing sent from their seminary.

[_____]

photo

[_____]

I certify that the foregoing information is correct to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission to ITC or constitute grounds for dismissal.

 Signature of Applicant

 Date of Signature

Please return completed form to:

INTERDENOMINATIONAL THEOLOGICAL CENTER
 Office of the Registrar/Director of Admissions
 700 Martin Luther King, Jr. Drive, Southwest
 Atlanta, Georgia 30314-4143